

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
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**DISSOLUTION OR WITHDRAWAL
ALPHA PHARMACY & DISCOUNT, INC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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13 APR 25 AM 8:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 25 2013

T. LEMIEUX

Handwritten signature/initials

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
ALPHA Pharmacy & Discount, INC

SECOND: The document number of the corporation (if known): P10000076365

THIRD: The date dissolution was authorized: 04-25-13

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

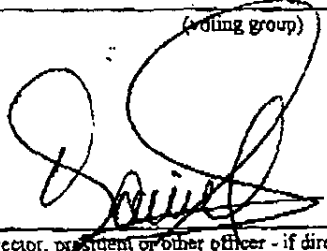
FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Daniel Suarez

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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